Combined Declaration	For Patent	Application a	nd ]	Power of A	ttorney	۶	( a)	ATTOF 866970		OCKET	
As below named inventor, I hereby declare that:  My residence, post office address and citizenship are as stated below next to my name,  I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled.											
SLIPPING LAYER FOR DYE-DONOR ELEMENT USED IN THERMAL DYE TRANSFER											
The specification of which (check only one item below):											
is attached hereto.  X was filed as United States Application Serial No. 10/614,379 on 07-07-2003 and was amended on (if applicable).											
was filed as PCT interna								<del></del>			
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.  I acknowledge the duty to disclose to the U.S. Patent & Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.  I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-*d) or 365 (b) of any foreign application(s) for patent or inventor's certificate, or (365 (a) of any PCT international application(s) which designates at least one country other than the United States of America, listed below and have also identified below any foreign applications(s) for patent or inventor's certificate or any PCT international application(s) designating a least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:											
PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:											
COUNTRY (# PCT, indicate PCT)	A	PPLICATION NUMBER		DATE OF FILING PRIORITY CLAIMED UNDER 35 USC \$119 (month/dayyear) YES NO					§119 NO		
			•					YES	-	NO	
								YES		NO	
I hereby claim the benefit under Title 35, United States Code, 119 §(e) of any United States provisional application(s) listed below:											
PRIOR PROVISIONAL APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. §119 (e):											
PROVISIONAL AF		FIUNG DATE (month/day/year)									
•											
I hereby claim the benefit under Title 35, United States Code, §120 of any prior United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior applications(s) in the manner provided by the first paragraph of Title 35, §112, I acknowledge the duty to disclose to the U.S. Patent & Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56, which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:											
PRIOR US APPLICATIONS O 35USC§120:	R PCT INTERN	ATIONAL APPLIC	CATI	ONS DESIGNA	ATING TH	E U.S FOR	BENEF	IT UNDER			
U.S. APPLICATIONS						STATUS (Check one)					
U.S. APPLICATION NUMBER			U.S. FILING DATE			PATENTI	ED	PENDING	AB/	ANDONED	
						_					
PCT APPLICATIONS DESIGNATING THE U.S.											
PCT APPLICATION NO. PCT FILE		NG DATE		J.S. SERIAL NUME ASSIGNED (if ar					<u> </u>		

ag th	gent(s) as	sociated with Eastman ation and transact all	n Kodal	l inventor, I hereby appoi k Company <u>Customer N</u> s in the Patent and Trade	lo. 01333 to prosecute		
S	nd Corresp	ondence to: Patent I	Legal Sta	aff	Direct Telephone Calls to: (name and telephone number)		
				: Company	Chris P. Konkol		
		343 Sta	te Street		585 722-0452		
		Rochest	ter, NY	14650-2201	FAX: 585 477-1148		
2	FULL NAME OF INVENTOR	FAMILY NAME Foster	<del></del>	FIRST GIVEN NAME David	SECOND GIVEN NAME G.		
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$\left \begin{array}{c} \cdot \\ \cdot \end{array}\right $	BUSINESS ADDRESS	BUSINESS ADDRESS		New York 14586 USA	STATE & ZIP CODE (COUNTRY)		
$\vdash$	FULL NAME OF	Eastman Kodak Company FAMILY NAME		343 State Street, Rochester FIRST GIVEN NAME	New York 14650 USA SECOND GIVEN NAME		
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o	RESIDENCE & CITIZENSHIP	CITY		STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP		
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5	BUSINESS ADDRESS	BUSINESS ADDRESS		CITY	STATE & ZIP CODE (COUNTRY)		
2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME	SECOND GIVEN NAME		
0	RESIDENCE & CITIZENSHIP	CITY		STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP		
6	BUSINESS ADDRESS	BUSINESS ADDRESS		CITY	STATE & ZIP CODE (COUNTRY)		
tru im app	e; and furthe prisonment, o plication or fr	or that these statements were mader both, under Section 1001 of Title by patent issued thereon.	le with the	knowledge that willful false statements	s made on information and belief are believed to be s and the like so made are punishable by fine or I false statements may jeopardize the validity of the		
$\angle$	Lh. of y			e OF INVENTOR 202  White Drug	SIGNATURE OF INVENTOR 203		
) DA	DATE /b /2 4 / D)			1/21/23	DATE		
SIG	SIGNATURE OF INVENTOR 204			E OF INVENTOR 205	GNATURE OF INVENTOR 206		
DATE			DATE	·	DATE		

Combined Declarati n For Patent Application and P w r f Attorney (Continued)

ATTORNEY DOCKET